

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000495

AMENDED

Registration District No. 43.Primary Registration District No. 3007.Registrar's No. 557.

STATE FILE NUMBER

1. **FILED FEB 13 1962**

a. COUNTY

Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**COUNTY **Butler**

admission)

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN **Poplar Bluff**Length of stay in lb
1 Yearc. CITY
OR TOWN **Poplar Bluff**Inside Limits
Yes ☐ No ☐c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Poplar Bluff Hospital**Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (if outside, give location)
201 Poplar StreetReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

GEORGE

Middle

E.

Last

MEYERS4. DATE
OF DEATH

Month

Day

Year

Jan. 23, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-25-1893

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)**Hotel Clerk**

10b. KIND OF BUSINESS OR INDUSTRY

- - - - -

11. BIRTHPLACE (City and state or country)

Hanover, Pa.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Meyers

13b. MOTHER'S MAIDEN NAME

Anna E. Gebhart

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No**None**

16. SOCIAL SECURITY NO.

- - - - -

17. INFORMANT

Address

Robert Meyers O'fallon, Mo.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rheumatic Heart Disease (acute) IndefiniteConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**Permeous Anemia**PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)**1-19-62**

20f. CITY, TOWN, OR LOCATION

1-23-62

COUNTY

and last saw her
him alive on **1-23-62**

STATE

21. I attended the deceased from **3:30 PM** to **3:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank E. Daneli M. D.

22b. ADDRESS

Poplar Bluff, Missouri

22c. DATE SIGNED

1-29-6223a. BURIAL, CREMATION,
REMOVAL (Specify)**Burial**

23b. DATE

1-26-1962

23c. NAME OF CEMETERY OR CREMATORY

Paragould Cemetery

23d. LOCATION (City, town, or county)

Paragould, Arkansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Greer Croy & Fitch Poplar Bluff, Mo. 2/7/1962.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

738
FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace N Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.